



ARKANSAS DEPARTMENT OF FINANCE & ADMINISTRATION
OFFICE OF INTERGOVERNMENTAL SERVICES

Victim Justice and Assistance Program

2005 Proposal for Federal Support

for the Project Period: October 1, 2005 to September 30, 2006

Authorized Official Contact Information:

Please note that if a subgrant is awarded, the agreement will be between DFA and the entity under which the Federal/Employer Identification Number is registered.

FIN #:	Organization's Fiscal Year:	Submission Deadline: 4:30 p.m., May 31, 2005
Registered Entity:		
Address:		
City/State: / Arkansas		Zip Code:
Office Telephone:	FAX:	
Registered Entity's Authorized Official:		Title:
Email Address:		

If the project activities are proposed to operate in an office outside of the legal entity's immediate day-to-day oversight, please complete below:

Department Name (if different from legal entity):		
Department's Mailing Address:		
City/State:		Zip Code:
Office Telephone:	FAX:	
Project Supervisor:		Title:
Email Address:		

Victim Referral Information:

Project Organization:	
Contact:	Title:
Email:	Website:
Office Telephone:	FAX:
Toll-Free Number:	Hotline Number:
Range of Services (not limited to proposed activities):	
This box will expand for additional space	

1. General Organizational Information:

A. Organizational History

Please provide a brief historical account of your organization. For governmental entities, please limit your history to the department under which the proposed project would operate. *(i.e. year established, notable events in its development, general philosophies, scope of activities currently performed, etc.)*

Organizational History:

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B. Staff

Enter the total number of positions within your organization or implementing department *(Including deputy prosecutors, law enforcement officers and civilians)*.

Enter the current number of federally funded positions in the organization or implementing department.

CURRENT

FULL-TIME (40 hr/wk)
(including federally-funded)

HALF-TIME (20 hr/wk)

OTHER (Specify # hrs/wk)

OTHER (Specify # hrs/wk)

FEDERALLY-FUNDED

VJA Only

FULL-TIME (40 hr/wk)
(including federally-funded)

HALF-TIME (20 hr/wk)

OTHER (Specify # hrs/wk)

OTHER (Specify # hrs/wk)

Deleted: ¶

C. Volunteers

Does your organization use volunteers?

☐ Yes ☐ No

If yes, how many volunteers currently exist?

What activities do these individuals routinely perform for the organization *(including activities that are not currently used or anticipated for matching purposes)?*

B. Organizational Finances

Please provide a financial oversight of your organization, listing all revenue sources and amounts received/anticipated for the organization's fiscal year that corresponds with the project period. For governmental entities, please provide a list of revenues for the department under which the proposed project would operate, if applicable. **(Please use the tab key on your keyboard to activate the fields in the form)**

	\$0.00
	\$0.00
	\$0.00
	\$0.00
Total Organizational Revenues:	\$ 0.00

Excluding the amount requested within this proposal, what percentage of your organization's revenues is derived from federal sources?

0.00%

Please describe each federal grant currently awarded to the organization and a brief description of its focus:

Currently Awarded Grant Description and Focus:

This box will expand for additional space.

Please provide a description of any grant programs for which the organization has applied or intends to apply within the next six (6) months:

Intended/Applied Federal Grant Description

This box will expand for additional space.

C. Gradual Reduction Schedule:

For current subgrant organizations receiving in excess of \$100,000, please provide a schedule for reducing your organization's level of IGS/VJA dependency.

FY 2005

Total Current (2004) Federal Support from combined VJA sources:		
20% of Current Federal Support:	-	\$0.00
Maximum Eligibility Amount for 2005 - 2006:		\$0.00

How does the organization plan to reduce federal dependency? (i.e. reassignment of duties, cost reductions, obtaining alternative revenues, reduction in staff, etc.)

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FY 2006

Maximum Amount of 2005 Federal Support:	
25% of 2005 Request:	\$0.00
Maximum Eligibility Amount for 2006 - 2007:	\$0.00

How does the organization plan to reduce federal dependency? (i.e. reassignment of duties, cost reductions, obtaining alternative revenues, reduction in staff, etc.)

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FY 2007

Maximum Amount of 2006 Federal Support:		
30% of 2006 Request:	-	\$0.00
Maximum Eligibility Amount for 2007 - 2008:		\$0.00

How does the organization plan to continue to reduce federal dependency? (i.e. reassignment of duties, cost reductions, obtaining alternative revenues, reduction in staff, etc.)

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D. GOVERNMENT DEBT

Does your organization have outstanding debts to the state and/or federal government?

☐ **YES**

☐ **NO**

If yes, please provide a full description of the circumstances, amount(s) owed, and your plans for payment.

E. Victim Compensation:

How many individuals did your organization assist in seeking compensation through the Arkansas Crime Victims Reparations Board (ACVRB) in the previous calendar year?

Number of Individuals: 0

Please describe the assistance that your organization routinely provides victims:

- ☐ Inform victims of the aid available through ACVRB
- ☐ Assists victims with completing application forms
- ☐ Obtains documentation needed for applications
- ☐ Provides updates to victims on status of their applications
- ☐ Other (Please explain below):

This box will expand for additional space.

F. Subgrant Administration Performance: (For previous/existing subgrant organizations only)

Has your organization been delinquent in submitting required documents and/or reports to IGS/VJA?

☐ Never ☐ Rarely ☐ Often

If you believe your reporting record shows more than two delinquent documents and reports:

Deleted: less

Please provide a corrective action plan that will ensure required reports will be submitted in a timely manner in the future, if selected for support in the upcoming year.

2. Relevant Organizational Statistics:

Please provide information regarding the current and anticipated number of primary victims that will be served or impacted through the project activities you are proposing for federal support.

Crime Type	Previous Calendar Year	Anticipated During Project Period 10/1/05 – 9/30/06
Child Physical Abuse		
Child Sexual Abuse		
DWI – Related Crime		
Domestic Violence/Spousal Abuse		
Victims Provided Shelter		
Stalking		
Dating Violence		
Elder Abuse		
Adults Molested as Children		
Homicide Survivors		
Robbery		
Assault (non-domestic)		
Adult Sexual Assault/Rape		
Other Crime Type(s)		

If an explanation for calculation method is needed, please respond below.

PROPOSED SUBGRANT PROJECT

A. Community Description

Please describe the geographical area(s) that the proposed project will reach and notable characteristics that are unique to its residents.

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B. Targeted Victim Population and Your Community's Current Response:

What population of crime victims does this proposal set out to serve?

How does your community currently address their issues and needs?

What obstacles does this victim population currently face within your community?

Please identify all known activities and services that, within close proximity, are currently available to this victim population, including those that complement or in some way duplicate the activities proposed by your organization.

C. Proposed Project Activities:

What services/activities do you propose to provide with federal support?

How will the proposed activities enhance those services provided by neighboring providers?

Please provide a timeline for new activities.

D. Anticipated Result(s):

What outcomes do you anticipate from the activities that you propose?

How will the proposed activities impact the obstacles that the victim population currently faces in your community?

E. Interagency Cooperation and Partnerships

FOR EXISTING SUBGRANTEES: Please attach a copy of your 2004 MOU and respond to the following questions:

Please describe the manner in which your MOU partners maintain communication, including periodic assessments of its completeness and effectiveness.

What changes have resulted from the implementation of the MOU?

Have you and your partners identified any needs for improvement in coordination that will be incorporated in your 2005 MOU?

If your MOU does not include contact names, street and email addresses and telephone numbers for each of your partners, please attached a separate document that includes this information.

FOR NEW APPLICANTS:

Please describe the contact you have had with each of your colleagues regarding developing and implementing a formal MOU.

Describe the manner in which you will proceed in developing and implementing a formal MOU, including issues that you believe would need to be included in the MOU in order for it to effective serve as a work plan among professionals.

Please attach a separate document that includes contact names, street and email addresses and telephone numbers for each of your anticipated partners.

ANTICIPATED PROJECT COSTS

Please complete the attached Excel document entitled 2005 Anticipated Project Costs Spreadsheet.

NOTE: If you find that the spreadsheet does not offer a cost that you anticipate, please contact the VJA Program for direction. If the item would be allowable, the spreadsheet will be modified to suit your purpose.

Previous applicants will notice that the need for a separate narrative description has been eliminated, as the spreadsheet solicits information that was essential. The assurance below, however, is still required.

Fair Labor Standards Exemption:

The state is required to ensure that treatment of federally-paid employees corresponds with that extended to non-federally paid employees. This must be weighed on various levels, one being compliance with the Fair Labor Standards Act.

The Fair Labor Standards Act exempts some organizations from complying. If you believe that your organization falls into this category, please provide a description of the circumstances that exist that lead you to that conclusion so that IGS/VJA can reach a determination, in the event a subgrant agreement is offered. In the event a response is not provided below, this office will take that to mean that you agree to compliance with the Act, regardless of any exemption that your organization may be entitled.

REQUIRED ASSURANCE REGARDING SUPPLANTING:

By signature of the authorized official, the applicant organization certifies that all items including in the Anticipated Project Cost Spreadsheet the proposed federal budget supplements existing funds available to the subgrantee and in no way replaces (supplants) funds that have been budgeted for the same purpose. Failure to disclose information truthfully could disqualify the organization from being considered for federal support.

Applicant Acknowledges this Certification



Access to Nonfederal Matching Contributions:

In narrative form, please describe your organization's ability to contribute to the project in the form of cash or in-kind donations.

REQUIRED ASSURANCE REGARDING NON-FEDERAL CONTRIBUTION ASSURANCE

By signature of the authorized official, the authorized official certifies that the proposed matching contribution budget does not entail the use of federal funds that the organization receives or plans to receive. Failure to disclose information truthfully could disqualify the organization from being considered for future subgrant awards.

Applicant Acknowledges this Certification



4. Project Sustainability:

Grant programs are intended to provide a temporary means to accomplish goals and should be invested in a way that ensures long-term, sustainability of activities.

What plans does the organization have for continuing the proposed project someday without the need for federal support, and how long does the applicant anticipate before sustainability will be achieved?

- | | | |
|--|--|---------------------------------------|
| • Does the Board of Directors have a financial plan for the organization's future? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|--|--|---------------------------------------|

If so, please include the following points in your description:

- How often is the financial plan re-evaluated?
- Does the financial plan include continuing the activities proposed in this application, or will it if the project is selected for support?

Sustainability Plan for Proposed Project:

This box will expand for additional space.

5. Applicant's Preparedness to Administer a Subgrant:

In order to be deemed eligible to receive support for a project, the applicant organization must demonstrate preparedness to properly administer the subgrant award. Signature of the authorized official certifies that:

- ☐ The organization possesses internal policies and procedures regarding personnel, work protocol and activity accountability that are implemented.
- ☐ It has established and implemented internal policies and procedures regarding proper accounting and financial accountability.
- ☐ If partnered with the state, the organization's professional conduct and that of its employees would not discredit the public's perception of government and the integrity of the grant programs.
- ☐ The organization has a solid plan to perform subgrant activities and tend to administrative matters involving a subgrant award.
- ☐ It possesses equipment and office materials needed to conduct ordinary business, including access to internet services and e-mail.
- ☐ The governing body of the legal entity supports the proposal and ensures proper administration of the subgrant award.
- ☐ The organization is accessible to victims of crime, including those with special needs, such as physical handicaps and language barriers.
- ☐ The organization operates during regular business hours, Monday through Friday.
- ☐ If the nature of the organization's business entails 24-hour crisis intervention to victims by way of a hotline, the organization ensures that telephones will be answered by individuals equipped to provide immediate assistance and not require callers to leave a message.

REQUIRED DOCUMENTS FOR REVIEW AND / OR RETENTION BY THE VICTIM JUSTICE AND ASSISTANCE PROGRAM

Nonprofit Organizations:

WILL PROVIDE	CURRENT ON FILE	
<input type="checkbox"/>	<input type="checkbox"/>	IRS confirmation of Federal Identification Number
<input type="checkbox"/>	<input type="checkbox"/>	Confirmation that the organization is bonded, otherwise insured or has an indemnification agreement for the amount requested in the application
<input type="checkbox"/>	<input type="checkbox"/>	Articles of Incorporation
<input type="checkbox"/>	<input type="checkbox"/>	Organizational by-laws
<input type="checkbox"/>	<input type="checkbox"/>	Board of Directors Roster
<input type="checkbox"/>	<input type="checkbox"/>	Organizational policies and procedures regarding programmatic issues
<input type="checkbox"/>	<input type="checkbox"/>	Accounting policies and procedures
<input type="checkbox"/>	<input type="checkbox"/>	Organizational flowchart with current employees, titles and supervisory assignments
		<u>Applicable supporting documentation for proposed expenditures</u>
<input type="checkbox"/>	<input type="checkbox"/>	Statement of assets and depreciation schedule (if real estate is offered as match)
<input type="checkbox"/>	<input type="checkbox"/>	Lease agreement (if proposal involves rental cost for federal funds or match)
<input type="checkbox"/>	<input type="checkbox"/>	Insurance policy (if proposal involves employee benefits for federal funds or match)

Governmental Entities:

WILL PROVIDE	CURRENT ON FILE	
<input type="checkbox"/>	<input type="checkbox"/>	IRS confirmation of Federal Identification Number
<input type="checkbox"/>	<input type="checkbox"/>	Confirmation that the organization is bonded, otherwise insured or has an indemnification agreement for the amount requested in the application
<input type="checkbox"/>	<input type="checkbox"/>	Organizational policies and procedures regarding programmatic issues
<input type="checkbox"/>	<input type="checkbox"/>	Accounting policies and procedures
<input type="checkbox"/>	<input type="checkbox"/>	Organizational flowchart with current employees, titles and supervisory assignments
		<u>Applicable supporting documentation for proposed expenditures</u>
<input type="checkbox"/>	<input type="checkbox"/>	Statement of assets and depreciation schedule (if real estate is offered as match)
<input type="checkbox"/>	<input type="checkbox"/>	Lease agreement (if proposal involves rental cost for federal funds or match)
<input type="checkbox"/>	<input type="checkbox"/>	Insurance policy (if proposal involves employee benefits for federal funds or match)

Acknowledgement and Certification of the Authorized Official

By signing below, I, being the highest-ranking official of the legal entity registered under the provided Federal Identification Number, certify that this organization desires to be considered for federal support for the proposed project.

I have read this proposal, including the *Anticipated Project Costs Spreadsheet* completely and certify that the contents are accurate, including the assurances, and the proposed project depicts the desire of the governing body for this organization.

In addition, I have read the *RFP Overview* and the *2005 Proposal Guide and Instructions* and ensure that, if selected for support, this office will adhere to all policies and procedures designated by the state administrator of the VOCA, STOP and FVPSA grant programs.

I further certify willingness to meet with grant administration staff to discuss this proposal in its entirety. If I choose to delegate another individual to attend this meeting on my behalf, it is intended to serve as notice to DFA that this person is vested to act on my behalf unless I specifically notify you otherwise.

Authorized Official's Signature	Date
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